

Household Moving Allowance*
State of South Dakota

RECEIVED
JUL 25 2018
S.D. SEC. OF STATE

*For moves less than 50 miles only

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance
Office of Secretary of State
500 E Capitol Ave
Pierre SD 57501 Phone: 605-773-3537

Please check one:

- State Transfer (SDCL 3-9-9)
Full-time continuous employment for 6 months.
- Professional Recruitment (SDCL 3-9-12)
Attach a written copy of the offer of employment and of payment of moving expenses.

PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. of eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Application

Kyle Michael Lenzner

WCO

SD GFP

Name of Applicant

New Position Title

Agency Employed By

46,800

Clark, SD

Watertown

April/2018

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

GH I

Bureau of Human Resources Class Code

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

Kyle Michael Lenzner

Signature of Applicant

06/15/2018

Date

Authorization

The undersigned agent hereby certifies that the above agency ordered the applicant to move as indicated and that the move will be for the benefit of the State of South Dakota. The Agent further declares that to the best of my knowledge and belief the request and authorization for reimbursement of actual household moving expenses are true and correct.

Kelly R. Hepler

Name of Authorized Agent

Cabinet Secretary

Position/ Title of Authorized Agent

K R Hepler 7/25/18

Signature of Authorized Agent Date

Game, Fish & Parks

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the
State Board of
Finance on

Date

Signature of Secretary, State Board of Finance

Note: This form is for moves of less than 50 miles only. When completed, retain one copy in employee personnel file and attach original to voucher to be sent to Auditor's Office.

Household Moving Allowance State of South Dakota

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Application

Eric Leise

Name of Applicant

Director of Int'l Relations & Global Engagement

New Position Title

Black Hills State University

Agency Employed By

60,000.00

Yankton, SD

Spearfish

8/1/2018

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

00344

7/22/2018

Bureau of Human Resources Class Code

Employment Date with the State

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

DocuSigned by:

Eric Leise

Signature of Applicant

7/27/2018 | 10:52:20 AM MDT

Date

Authorization

The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

Brandon Bentley

Name of Authorized Agent

Director, Business Services , Controller

Position/ Title of Authorized Agent

DocuSigned by:

Brandon Bentley

7/27/2018 | 11:39:51 AM MDT

Signature of Authorized Agent

Date

Black Hills State University

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

Date

Signature of Secretary, State Board of Finance

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Application

Arash Abbasi

Name of Applicant

Assistant Professor of Computer & Cyber Sciences

New Position Title

Dakota State University

Agency Employed By

\$90,000.00

Yearly Salary

Saint Louis, MO

City, State Moving From

Madison, SD

New Post of Duty (City)

August 2018

Expected Month/Year of Move

00286

Bureau of Human Resources Class Code

08/22/2018

Employment Date with the State

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

Arash Abbasi

Signature of Applicant

Arash Abbasi

August 3, 2018

Date

Authorization

The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

Stacy Krusemark

Name of Authorized Agent

VP Business & Admin Services

Position/ Title of Authorized Agent

Stacy Krusemark

Signature of Authorized Agent

August 3, 2018

Date

Dakota State University

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State
Board of Finance on

Date

Signature of Secretary, State Board of Finance

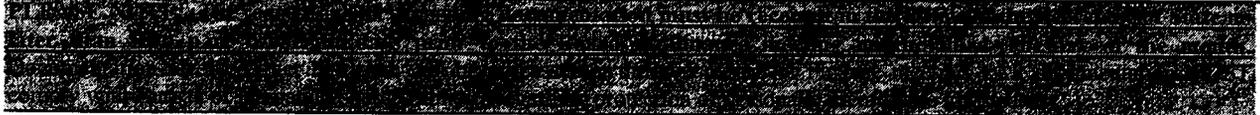
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Application

Shawn Trail

Name of Applicant

\$49,000.00

Yearly Salary

00800

Bureau of Human Resources Class Code

Portland, OR

City, State Moving From

Sound Arts Artist in Residence/Visiting Asst Professor

New Position Title

Madison, SD

New Post of Duty (City)

August 22, 2018

Employment Date with the State

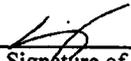
Dakota State University

Agency Employed By

July 2018

Expected Month/Year of Move

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Signature of Applicant

Shawn Trail

August 2, 2018

Date

Authorization

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Stacy Krusemark

Name of Authorized Agent



Signature of Authorized Agent

August 2, 2018

Date

VP Business & Admin Services

Position/ Title of Authorized Agent

Dakota State University

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

Date

Signature of Secretary, State Board of Finance

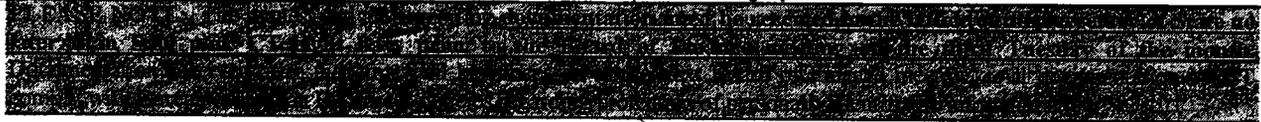
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Application

<u>Richard Speas</u>	<u>Assistant Athletic Director</u>	<u>Dakota State University</u>
<u>Name of Applicant</u>	<u>New Position Title</u>	<u>Agency Employed By</u>
<u>\$55,000.00</u>	<u>Excelsior Springs, MO</u>	<u>Madison, SD</u>
<u>Yearly Salary</u>	<u>City, State Moving From</u>	<u>New Post of Duty (City)</u>
<u>00346</u>	<u>July 30, 2018</u>	<u>July 2018</u>
<u>Bureau of Human Resources Class Code</u>	<u>Employment Date with the State</u>	<u>Expected Month/Year of Move</u>

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Richard Speas Richard Speas
Signature of Applicant

August 1, 2018
Date

Authorization

The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

Stacy Krusemark
Name of Authorized Agent
August 1, 2018
Signature of Authorized Agent Date

VP Business & Admin Services
Position/ Title of Authorized Agent
Dakota State University
Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on _____ Date
Signature of Secretary, State Board of Finance

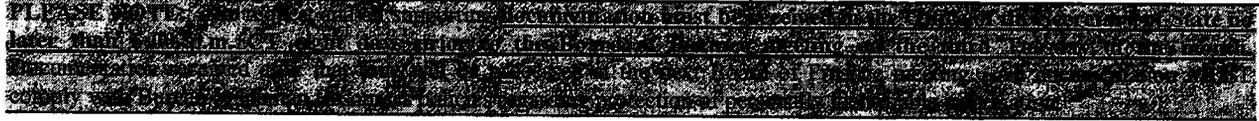
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Application

Rahman Abu Saleh Md Ma

Name of Applicant

Post Doctorate Visiting Assistant Professor

New Position Title

Dakota State University

Agency Employed By

\$55,000.00

Yearly Salary

Ottawa, ON Canada

City, State Moving From

Madison, SD

New Post of Duty (City)

July 2018

Expected Month/Year of Move

00800

Bureau of Human Resources Class Code

August 22, 2018

Employment Date with the State

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Abu Saleh Md Ma Rahman
Signature of Applicant

August 6, 2018
Date

Authorization

The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

Stacy Krusemark

Name of Authorized Agent

VP Business & Admin Services

Position/ Title of Authorized Agent

Stacy Krusemark

Signature of Authorized Agent Date

Dakota State University

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance

Household Moving Allowance State of South Dakota

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Application

Tejo Vikash Bheemasetti

Name of Applicant

Assistant Professor - CEE Dept.

New Position Title

South Dakota School of Mines & Technology

Agency Employed By

\$84,000

Yearly Salary

Eules, TX

City, State Moving From

Rapid City

New Post of Duty (City)

August 2018

Expected Month/Year of Move

00800

Bureau of Human Resources Class Code

08/13/18

Employment Date with the State

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

\$ Out

Signature of Applicant

07/12/2018

Date

Authorization

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James Rankin

Name of Authorized Agent

President

Position/ Title of Authorized Agent

[Signature]

Signature of Authorized Agent

07/11/18

Date

South Dakota School of Mines & Technology

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

Date

Signature of Secretary, State Board of Finance

Household Moving Allowance State of South Dakota

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Application

Prasoon Diwakar

Assistant Professor - ME Dept.

South Dakota School of Mines & Technology

Name of Applicant

New Position Title

Agency Employed By

\$83,000

West Lafayette, IN

Rapid City

August 2018

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

00800

08/22/18

Bureau of Human Resources Class Code

Employment Date with the State

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Prasoon Diwakar

Signature of Applicant

05/30/2018

Date

Authorization

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James Rankin

President

Name of Authorized Agent

Position/ Title of Authorized Agent

for Dr. Rankin

05/17/18

South Dakota School of Mines & Technology

Signature of Authorized Agent

Date

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

Date

Signature of Secretary, State Board of Finance

Household Moving Allowance State of South Dakota

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Application

Sarah Keenan

Name of Applicant

\$75,000

Yearly Salary

00800

Bureau of Human Resources Class Code

Knoxville, TN

City, State Moving From

Assistant Professor - GGE Dept.

New Position Title

Rapid City

New Post of Duty (City)

08/22/18

Employment Date with the State

South Dakota School of Mines & Technology

Agency Employed By

August 2018

Expected Month/Year of Move

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

Sarah Keenan

Signature of Applicant

21 May 2018

Date

Authorization

The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

James Rankin

Name of Authorized Agent

James Rankin

Signature of Authorized Agent

05/16/18

Date

President

Position/ Title of Authorized Agent

South Dakota School of Mines & Technology

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State
Board of Finance on

Date

Signature of Secretary, State Board of Finance

Household Moving Allowance State of South Dakota

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Application

Jeffrey B. Langemeier

Name of Applicant

Director of Institutional Research

New Position Title

SD School of Mines & Technology

Agency Employed By

\$75,000

Yearly Salary

Manhattan, MT

City, State Moving From

Rapid City

New Post of Duty (City)

August 2018

Expected Month/Year of Move

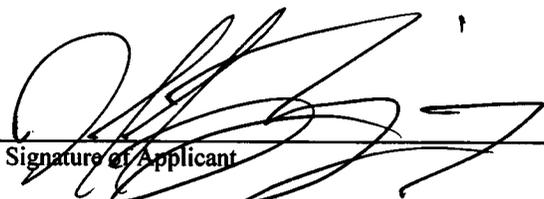
00344

Bureau of Human Resources Class Code

August 8, 2018

Employment Date with the State

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.


Signature of Applicant

16 July 18
Date

Authorization

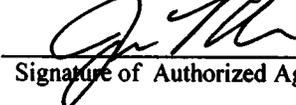
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James M. Rankin

Name of Authorized Agent

President

Position/ Title of Authorized Agent

 7-12-18
Signature of Authorized Agent Date

SD School of Mines & Technology

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

Date

Signature of Secretary, State Board of Finance

Household Moving Allowance State of South Dakota

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Application

David Martinez Caicedo

Name of Applicant

Assistant Professor - Physics Dept.

South Dakota School of Mines & Technology

\$75,000

Chicago, IL

New Position Title

Agency Employed By

Yearly Salary

City, State Moving From

Rapid City

August 2018

00800

New Post of Duty (City)

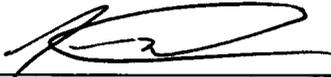
Expected Month/Year of Move

Bureau of Human Resources Class Code

08/13/18

Employment Date with the State

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.



Signature of Applicant

May - 22 - 2018

Date

Authorization

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James Rankin

Name of Authorized Agent

President

Position/ Title of Authorized Agent

James Rankin

05/14/18

South Dakota School of Mines & Technology

Signature of Authorized Agent

Date

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

Date

Signature of Secretary, State Board of Finance

A 00078783

Household Moving Allowance State of South Dakota

RECEIVED
HUMAN RESOURCES

JUL 09 2018

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State Board of Finance
Office of Secretary of State
500 E Capitol Ave
Pierre SD 57501 Phone: 605-773-3537

Please check one:
 State Transfer (SDCL 3-9-9) SOUTH DAKOTA SCHOOL OF MINES & TECHNOLOGY
Full-time continuous employment for 6 months.
 Professional Recruitment (SDCL 3-9-12)
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Application

Bryce W. Nussbaum Name of Applicant	<small>Asst Director of Residence Life & Community Standards</small>	<small>South Dakota School of Mines & Technology</small>
\$37,500 Yearly Salary	Madison, SD City, State Moving From	Agency Employed By
00346 Bureau of Human Resources Class Code	Rapid City New Post of Duty (City)	July, 2018 Expected Month/Year of Move
	July 9, 2018 Employment Date with the State	

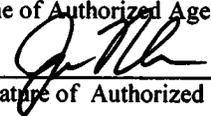
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Signature of Applicant

07/09/2018
Date

Authorization

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James M. Rankin
Name of Authorized Agent

Signature of Authorized Agent 7-2-18
Date

President
Position/ Title of Authorized Agent
South Dakota School of Mines & Technology
Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on _____ Date
Signature of Secretary, State Board of Finance

Household Moving Allowance State of South Dakota

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Application

Shankarachary Ragi

Name of Applicant

Assistant Professor - ECE Dept.

SD School of Mines & Technology

\$78,000

Mesa, AZ

New Position Title

Agency Employed By

Yearly Salary

City, State Moving From

Rapid City

August 2018

00800

New Post of Duty (City)

Expected Month/Year of Move

8/22/18

Bureau of Human Resources Class Code

Employment Date with the State

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Signature of Applicant

04/12/18

Date

Authorization

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James Rankin

Name of Authorized Agent

President

Position/ Title of Authorized Agent



4/10/18

South Dakota School of Mines & Technology

Signature of Authorized Agent

Date

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

Date

Signature of Secretary, State Board of Finance

ADD 30585

Household Moving Allowance State of South Dakota

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance
Office of Secretary of State
500 E Capitol Ave
Pierre SD 57501

Phone: 605-773-3537

Please check one:

- State Transfer (SDCL 3-9-9)
Full-time continuous employment for 6 months.
- Professional Recruitment (SDCL 3-9-12)
Attach a written copy of the offer of employment and of payment of moving expenses.

PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT, eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Application

Kathryn A. Wahls

Name of Applicant

Assistant Director of Residence Life and Community Standards

SD School of Mines & Technology

\$37,500

Yearly Salary

Westfield, MA

City, State Moving From

New Position Title

Agency Employed By

Rapid City

New Post of Duty (City)

August, 2018

Expected Month/Year of Move

00346

Bureau of Human Resources Class Code

August 1, 2018

Employment Date with the State

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.


Signature of Applicant

07/31/2018
Date

Authorization

The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

James M. Rankin

Name of Authorized Agent

President

Position/ Title of Authorized Agent


Signature of Authorized Agent Date **07/25/2018**

SD School of Mines & Technology

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

Date

Signature of Secretary, State Board of Finance

Household Moving Allowance State of South Dakota

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Pierre SD 57501 Phone: 605-773-3537

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Application

Congzhou Wang

Name of Applicant

Assistant Professor - NANO Program

New Position Title

South Dakota School of Mines & Technology

Agency Employed By

\$72,000

Yearly Salary

St. Louis, MO

City, State Moving From

Rapid City

New Post of Duty (City)

August 2018

Expected Month/Year of Move

00800

Bureau of Human Resources Class Code

08/22/2018

Employment Date with the State

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

Congzhou Wang

Signature of Applicant

05/01/2018

Date

Authorization

The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

James Rankin

Name of Authorized Agent

President

Position/ Title of Authorized Agent

J Rankin

04/30/18

Signature of Authorized Agent Date

South Dakota School of Mines & Technology

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

Date

Signature of Secretary, State Board of Finance

Household Moving Allowance State of South Dakota

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Application

Kevin Ward

Name of Applicant

Assistant Professor - GGE Dept.

New Position Title

South Dakota School of Mines & Technology

Agency Employed By

\$75,000

Yearly Salary

Park City, UT

City, State Moving From

Rapid City

New Post of Duty (City)

August 2018

Expected Month/Year of Move

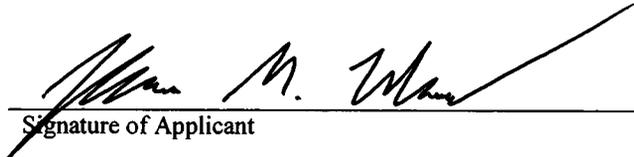
00800

Bureau of Human Resources Class Code

08/22/18

Employment Date with the State

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.


Signature of Applicant

05/17/2018
Date

Authorization

The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

James Rankin

Name of Authorized Agent

President

Position/ Title of Authorized Agent


Signature of Authorized Agent

05/16/18
Date

South Dakota School of Mines & Technology

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State
Board of Finance on

Date

Signature of Secretary, State Board of Finance

6/18 E. MW
6- Sentin

Household Moving Allowance State of South Dakota

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Office of Secretary of State
500 E Capitol Ave
Pierre SD 57501 Phone: 605-773-3537

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Application

Matthew Whitehead

Name of Applicant

Director, APEX Gallery/Lecturer - HUM Dept.

New Position Title

South Dakota School of Mines & Technology

Agency Employed By

\$56,500

Gainesville, FL

Rapid City

August 2018

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

00905

08/22/18

Bureau of Human Resources Class Code

Employment Date with the State

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

Signature of Applicant

Date

Authorization

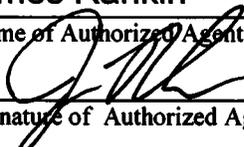
The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

James Rankin

Name of Authorized Agent

President

Position/ Title of Authorized Agent



06/08/18

South Dakota School of Mines & Technology

Signature of Authorized Agent

Date

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

Date

Signature of Secretary, State Board of Finance

Household Moving Allowance State of South Dakota

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Office of Secretary of State
500 E Capitol Ave
Pierre SD 57501

Phone: 605-773-3537

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Application

Bradley Davidson

Name of Applicant

82,000.00

Yearly Salary

Grand Forks ND

City, State Moving From

00511

Bureau of Human Resources Class Code

Assistant Men's Basketball Coach

New Position Title

Vermillion

New Post of Duty (City)

April 24, 2018

Employment Date with the State

USD

Agency Employed By

June 2018

Expected Month/Year of Move

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

Bradley Davidson

Signature of Applicant

7/30/18

Date

Authorization

The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

Adam Rosheim

Name of Authorized Agent

Adam Rosheim

Signature of Authorized Agent

8-1-18

Date

Assistant Vice President, Finance & Admin

Position/ Title of Authorized Agent

University of South Dakota

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State
Board of Finance on

Date

Signature of Secretary, State Board of Finance

Household Moving Allowance State of South Dakota

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance
Office of Secretary of State
500 E Capitol Ave
Pierre SD 57501 Phone: 605-773-3537

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Application

Corey A. Jenkins

Name of Applicant

Sr. Assoc. AD Facility & Operations

New Position Title

USD

Agency Employed By

\$80,000.00

Yearly Salary

Winston-Salem, NC

City, State Moving From

Vermillion

New Post of Duty (City)

July 2018

Expected Month/Year of Move

00345

Bureau of Human Resources Class Code

July 23, 2018

Employment Date with the State

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

Corey Jenkins
Signature of Applicant

7/13/18
Date

Authorization

The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

Adam Rosheim

Name of Authorized Agent

Assistant Vice President, Finance & Admin

Position/ Title of Authorized Agent

AR 7-25-18
Signature of Authorized Agent Date

University of South Dakota

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State
Board of Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance

Household Moving Allowance State of South Dakota

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Application

Semehar Ghebrekidan, A00155359

Name of Applicant

40,800.00

Yearly Salary

Brookings, SD

City, State Moving From

28 NFE FLSA Exempt

Bureau of Human Resources Class Code

00540

Int'l Student Advisor

New Position Title

Vermillion, SD

New Post of Duty (City)

July 9, 2018

Employment Date with the State

International Office

Agency Employed By

July, 2018

Expected Month/Year of Move

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.



Signature of Applicant

July 17, 2018

Date

Authorization

The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

Adam Rosheim

Name of Authorized Agent

Assistant Vice President, Finance & Admin

Position/ Title of Authorized Agent



Signature of Authorized Agent

7-25-18

Date

University of South Dakota

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State
Board of Finance on

Date

Signature of Secretary, State Board of Finance

Household Moving Allowance State of South Dakota

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 Pierre SD 57501 Phone: 605-773-3537

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Application

Daniel Jaster	Lecturer	University of South Dakota
Name of Applicant	New Position Title	Agency Employed By
46,100	Vermillion, SD	June/July 2018
Yearly Salary	New Post of Duty (City)	Expected Month/Year of Move
01011	August 22, 2018	
Bureau of Human Resources Class Code	Employment Date with the State	
Austin, TX		
City, State Moving From		

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

Daniel Jaster

Signature of Applicant

12 July 2018

Date

Authorization

The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

Adam Rosheim

Name of Authorized Agent

7-25-18

Signature of Authorized Agent Date

Assistant Vice President, Finance & Admin

Position/ Title of Authorized Agent

University of South Dakota

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on _____

Date

 Signature of Secretary, State Board of Finance

Household Moving Allowance State of South Dakota

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Pierre SD 57501 Phone: 605-773-3537

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Application

MARIUS CONCEATU	INSTRUCTOR OF FRENCH
Name of Applicant	New Position Title
42,550 ^{43,550} GREENCASTLE, IN	VERTILLION
Yearly Salary	New Post of Duty (City)
City, State Moving From	8/22/2018
Bureau of Human Resources Class Code	Employment Date with the State
	Agency Employed By
	8/2018
	Expected Month/Year of Move

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

The IRS regulation for reporting moving expenses for employee states, "Employer reimbursement of an employee's moving expenses constitutes fringe benefits excludable from the employee's gross income if (1) the amounts would be deductible by the employee if they had directly paid or incurred these expenses, (2) the employee did not deduct the expenses in a prior year, and (3) if the move is 50 miles or more from the employee's former residence.

I certify that I have met the above listed criteria. I understand the reimbursement by the State of South Dakota for payment of the eligible moving expense will not be reported as taxable income to the IRS. While this reimbursement will not be reported as taxable, I acknowledge that ultimately I am responsible for the proper reporting of any tax liability of this reimbursement.

	6/14/2018
Signature of Applicant	Date

Authorization

The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

Adam Rosheim	Assistant Vice President, Finance & Admin
Name of Authorized Agent	Position/ Title of Authorized Agent
7-25-18	University of South Dakota
Signature of Authorized Agent	Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on		
Date		Signature of Secretary, State Board of Finance

Household Moving Allowance State of South Dakota

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Application

<u>Nathan Bates</u>	<u>Lecturer MK Instructor of German</u>	<u>University of South Dakota</u>
Name of Applicant	New Position Title	Agency Employed By
<u>43,550 43,550</u>	<u>Seattle, WA</u>	<u>July 2018</u>
Yearly Salary	City, State Moving From	Expected Month/Year of Move
<u>01011</u>	<u>Vermillion, SD</u>	<u>8/22/18</u>
Bureau of Human Resources Class Code	Employment Date with the State	

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The IRS regulation for reporting moving expenses for employee states, "Employer reimbursement of an employee's moving expenses constitutes fringe benefits excludable from the employee's gross income if (1) the amounts would be deductible by the employee if they had directly paid or incurred these expenses, (2) the employee did not deduct the expenses in a prior year, and (3) if the move is 50 miles or more from the employee's former residence.

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<u>Nathan Bates</u>	<u>6/18/18</u>
Signature of Applicant	Date

Authorization

The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

<u>Adam Rosheim</u>	<u>Assistant Vice President, Finance & Admin</u>
Name of Authorized Agent	Position/ Title of Authorized Agent
<u>[Signature]</u>	<u>University of South Dakota</u>
Signature of Authorized Agent	Agency of Authorized Agent
<u>7-25-18</u>	
Date	

Approval by State Board of Finance

Approved by the State Board of Finance on	Signature of Secretary, State Board of Finance
Date	

Household Moving Allowance State of South Dakota

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Application

Anthony Krus
Name of Applicant

\$54,000
Yearly Salary

Muncie, IN
City, State Moving From

01082
Bureau of Human Resources Class Code

Visiting Assistant Professor, South Dakota
New Position Title

University of
Agency Employed By

Vermillion
New Post of Duty (City)

July 2018
Expected Month/Year of Move

8/22/2018
Employment Date with the State

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[Signature]
Signature of Applicant

7/23/2018
Date

Authorization

The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

Adam Rosheim
Name of Authorized Agent

[Signature]
Signature of Authorized Agent

7-25-18
Date

Assistant Vice President, Finance & Admin
Position/ Title of Authorized Agent

University of South Dakota
Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

Date

Signature of Secretary, State Board of Finance

Household Moving Allowance State of South Dakota

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500 E Capitol Ave
Pierre SD 57501 Phone: 605-773-3537

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Application

<u>Edward Bagu</u>	<u>Asst Professor</u>	<u>USD</u>
Name of Applicant	New Position Title	Agency Employed By
<u>90,000</u>	<u>Saskatchewan, Canada</u>	<u>Vermillion</u>
Yearly Salary	City, State Moving From	New Post of Duty (City)
<u>SD05 00903</u>	<u>July 1, 2018</u>	<u>July 2018</u>
Bureau of Human Resources Class Code	Employment Date with the State	Expected Month/Year of Move

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses. The IRS regulation for reporting moving expenses for employee states, "Employer reimbursement of an employee's moving expenses constitutes fringe benefits excludable from the employee's gross income if (1) the amounts would be deductible by the employee if they had directly paid or incurred these expenses, (2) the employee did not deduct the expenses in a prior year, and (3) if the move is 50 miles or more from the employee's former residence.

I certify that I have met the above listed criteria. I understand the reimbursement by the State of South Dakota for payment of the eligible moving expense will not be reported as taxable income to the IRS. While this reimbursement will not be reported as taxable, I acknowledge that ultimately I am responsible for the proper reporting of any tax liability of this reimbursement.

<u>[Signature]</u>	<u>7/07/2018</u>
Signature of Applicant	Date

Authorization

The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

<u>Sheila Gestring</u>	<u>Vice President, Finance</u>
Name of Authorized Agent	Position/ Title of Authorized Agent
<u>[Signature]</u>	<u>The University of South Dakota</u>
Signature of Authorized Agent	Agency of Authorized Agent
<u>7-25-18</u>	
Date	

Approval by State Board of Finance

Signature of Secretary, State Board of Finance

Note: When completed, retain one copy in employee personnel file and attach original to voucher to be sent to Auditor's Office.

Household Moving Allowance State of South Dakota

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance
Office of Secretary of State
500 E Capitol Ave
Pierre SD 57501

Phone: 605-773-3537

Please check one:

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- Professional Recruitment (SDCL 3-9-12)
Attach a written copy of the offer of employment and of payment of moving expenses.

Application

Cody Burggraff

Name of Applicant

Assistant Director of University Housing

New Position Title

University of South Dakota

Agency Employed By

47,000

Topeka, KS

Vermillion

July 2018

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

00346

July 11, 2018

Bureau of Human Resources Class Code

Employment Date with the State

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

Signature of Applicant

Date

Authorization

The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

Sheila Gestring

Name of Authorized Agent

Vice President, Finance

Position/ Title of Authorized Agent

Signature of Authorized Agent

Date

The University of South Dakota

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State
Board of Finance on

Date

Signature of Secretary, State Board of Finance

State Hosting Reimbursement Request – SDCL 3-9-2.1

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance
Office of Secretary of State
Capitol Building - 500 E Capitol Ave
Pierre, SD 57501 Phone: 605-773-3537

RECEIVED
JUL 16 2018
S.D. SEC. OF STATE

Application

Date: 7/5/18 Agency: GOED
Agency Address: 711 E Wells Avenue
Agency Phone Number: 773-4633
Employee Requesting Reimbursement: Aaron Scheibe
Total Amount of Reimbursement: 271.89
Date(s) of Hosting Expense: 6/20/18 Receipts Attached: Y/N
Explanation of official business performed: Hosted international business interests in two projects in Eastern South Dakota prior to their meeting with the Governor the next day.

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while hosting a prospect for business development, trade, or a tourism promotional activity. I certify that the expenses were incurred through necessary duties of my employment with the State of South Dakota and in the furtherance of state's interests, concerns, and activities and are supported by the attached receipts. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Aaron P. Scheibe
Signature of Employee

7/5/18
Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's claims were in the furtherance of state interests relating to hosting a prospect for business development, trade, or a tourism promotional activity.

Scott Stearn
Name of Department/Office Head

Commissioner
Position/Title of Agency Official

Scott Stearn
Signature of Department/Office Head

7/9/18
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.

MAD MARYS STEAKHOUSE
110 E DAKOTA AVE
PIERRE, SD. 57501
605-224-6469

MAD MARY'S
110 E DAKOTA
PIERRE, SD 57501

WED JUNE 20, 2018
CHECK #316046-1
TABLE #21
CUSTOMER # 1

SALE

REF#: 00000002
015
/18 19.5
CODE: 03676A
CRYPTED BY ELAVON
: 2
*****4217

AMOUNT \$235.88
TIP \$ 36.00
TOTAL \$ 271.88

1 9OZ TOP SIRLOIN	\$18.00
1 / OZ FILET MIGNON	\$20.00
1 Sautd Mushrooms	\$2.00
2 11 OZ FILET MIGNON	\$48.00
1 14 OZ RIBEYE	\$27.00
1 Sautd Mushrooms	\$2.00
1 NEW YORK STRIP	\$24.00
1 ADD 3 JUMBO	\$7.00
1 BIG SIRLOIN BURGER	\$9.00
1 LEMON PEPP WALLEYE	\$22.00
1 SIDE SALAD	\$3.50
1 ADD BACON	\$1.00
1 ADD CHEESE	\$0.50

	\$184.00
TAX	: \$18.76
SUB-TOTAL	: \$202.76
GRATUITY	: \$33.12
TOTAL	\$235.88

APPROVED

CAPITAL ONE VISA
AID: A0000000031010
TVR: 00 80 00 80 00
TSP FR 00

Time: 19:19 8 CUSTOMERS
2 CHECKS

THANK YOU
COME AGAIN

YOU HAVE BEEN SERVED
BY : Morgc

Home Station Per Diem Reimbursement Request – SDCL 3-9-2.2

When Application and Authorization sections are completed, please submit the original to:

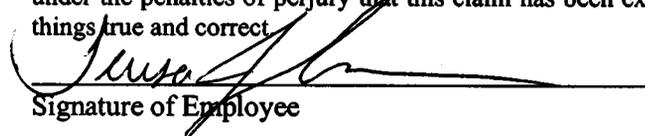
State Board of Finance - Office of Secretary of State
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
Phone: 605-773-3537

PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation **MUST** comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Application

Date: 7-12-18 Agency: Animal Industry Board
Agency Address: 411 S Fort St, Pierre
Agency Phone Number: (605) 773-3321
Employee Requesting Reimbursement: Animal Industry Board - Dustin Oedekoven
Total Amount of Reimbursement: 132.00
Date(s) of Expense: 7-10-18
Event Leave Time: _____ Event Return Time: _____
Explanation of official business performed: Annual Board Meeting - Working Lunch
Lunch for 12 people - 7 which are from Pierre
Roster is attached - those working lunch are highlighted in yellow

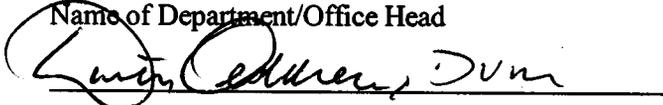
I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while conducting state business at my headquarters station or place of residence. I certify that the event extended entirely through a meal time without interruption and included a meal provision for which I was billed. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.


Signature of Employee

7-12-18
Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses at their headquarters station or place of residence while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's participation in the event was in the furtherance of state interests.

Dustin Oedekoven, DVM
Name of Department/Office Head

Signature of Department/Office Head

State Veterinarian
Position/Title of Agency Official
7-12-18
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.

Richie Z's Brickhouse BBQ & Grill

401 S CENTRAL AVE

Invoice

Date	Invoice #
7/10/2018	114

Bill To
Animal Industry Board

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
12	Pulled Pork, Buns, Coleslaw, Potatoes Chips, and Potato Salad, BBQ Sauce	12.00	144.00
	Sales Tax	0.00%	0.00
		11.00	132.00
			144.00
		Total	132.00 \$144.00 144.00

RECEIVED
 JUL 10 2018
 SD ANIMAL
 INDUSTRY BOARD

ATTENDANCE ROSTER

DATE 07-10-18

PAGE 1

PURPOSE OF MEETING ANIMAL INDUSTRY ANNUAL BOARD MEETING AND HEARING

**PLEASE PRINT
FIRST AND LAST NAME**

ADDRESS

REPRESENTING

PLEASE PRINT FIRST AND LAST NAME	ADDRESS	REPRESENTING
[REDACTED]	Pierre	AIB
[REDACTED]	Huron	AIB
[REDACTED]	Aven	AIB
[REDACTED]	Hurley	AIB
[REDACTED]	Baltic	AIB
[REDACTED]	Pierre	AIB
[REDACTED]	Pierre	AIB
[REDACTED]	H Pierre	AIB
[REDACTED]	Pierre	AIB
[REDACTED]	"	"
Shirley S. Ward	Pierre	HE
Kenny Jay	Pelvidore	SDSGA
[REDACTED]	Aberdeen	SDAIB
Bart & Anders	Rapid City	Belle Fourche Livestock
Styler Anders	Rapid City	" "
[REDACTED]	Pierre	AIB

Home Station Per Diem Reimbursement Request – SDCL 3-9-2.2

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance
Office of Secretary of State
Capitol Building - 500 E Capitol Ave
Pierre, SD 57501 Phone: 605-773-3537

RECEIVED
JUL 24 2018
S.D. SEC. OF STATE

Application

Date: July 30, 2018 Agency: Department of Education
Agency Address: 800 Governors Drive, Pierre, SD 57501
Agency Phone Number: 773-3134
Employee Requesting Reimbursement: See Attached
Total Amount of Reimbursement: \$11 per person attending would be paid to vendor providing lunch.
Date(s) of Expense: July 30, 2018
Event Leave Time: Meeting Begins 10:00 AM Event Return Time: Meeting Ends 3:00 PM

Explanation of official business performed: Every year the Region Teachers of the Year, the Teacher of the Year Selection Committee and Department of Education staff, who facilitate the program, gather in Pierre to film promotional videos, conduct interviews and make the final selection of the South Dakota 2018 Teacher of the Year. This is not an overnight event and we do work through lunch at which time the exiting Teacher of the Year presents an overview of their year and offers guidance to the incoming candidates.

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while conducting state business at my headquarters station or place of residence. I certify that the event extended entirely through a meal time without interruption and included a meal provision for which I was billed. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Sherry Decker
Signature of Employee

7-23-18
Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses at their headquarters station or place of residence while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's participation in the event was in the furtherance of state interests.

Mary Stadick Smith
Name of Department/Office Head
Mary Stadick Smith
Signature of Department/Office Head

Interim /Secretary of Education
Position/Title of Agency Official
7/20/18
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

Note: When completed, attach the original form to voucher to be sent to the State Auditor's Office.

2019 SD TOY Selection Day		MacKay B		Date: 07/30/18	
Name	Non-DOE Employee	DOE Employee at Home Station	DOE Employee not at Home Station		
Mary Stadick-Smith		x			
Becky Nelson		x			
Kelly Royer		x			
Sherry Dickerson		x			
Ruth Raveling		x			

RECEIVED

JUL 25 2018

S.D. SEC. OF STATE

Home Station Per Diem Reimbursement Request – SDCL 3-9-2.2

When Application and Authorization sections are completed, please submit the original to:

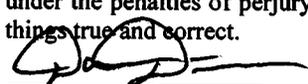
State Board of Finance - Office of Secretary of State
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
Phone: 605-773-3537

PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than the 15th of the month following the expense. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Application

Date: 07-03-2018 Agency: SD GFP
Agency Address: 523 E. Capitol Ave Pierre, SD 57501
Agency Phone Number: 605-773-3387
Employee Requesting Reimbursement: Daniel Dirks
Total Amount of Reimbursement: \$ 1,231.52
Date(s) of Expense: 06-01-2018 through 06-30-2018
Event Leave Time: 5:59 AM Event Return Time: 6:00 PM
Explanation of official business performed: Attend required law enforcement training

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while conducting state business at my headquarters station or place of residence. I certify that the event extended entirely through a meal time without interruption and included a meal provision for which I was billed. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.



Signature of Employee

07-03-2018

Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses at their headquarters station or place of residence while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's participation in the event was in the furtherance of state interests.

Kelly R. Hoyer

Name of Department/Office Head

Department Secretary

Position/Title of Agency Official



Signature of Department/Office Head

7/6/18

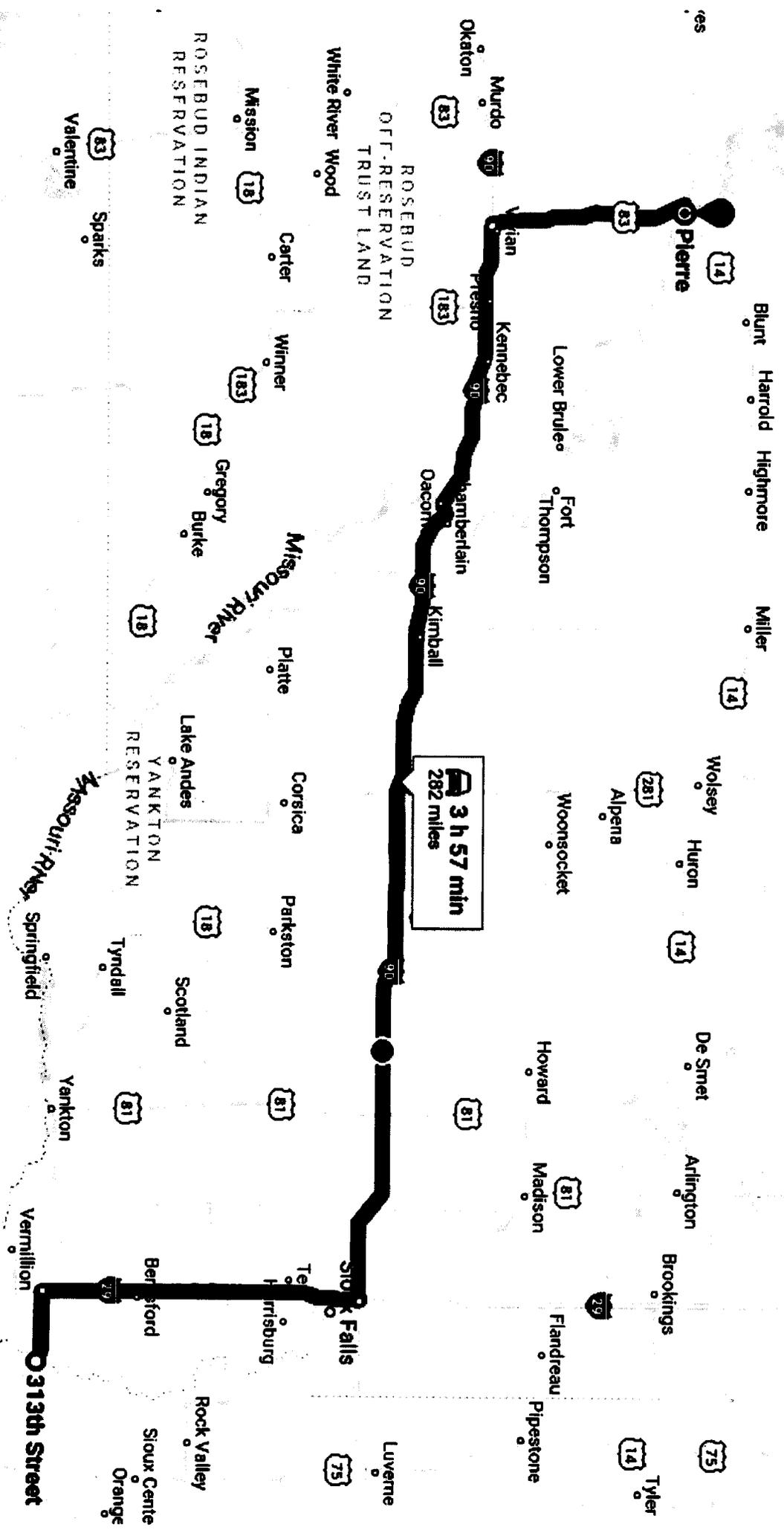
Date

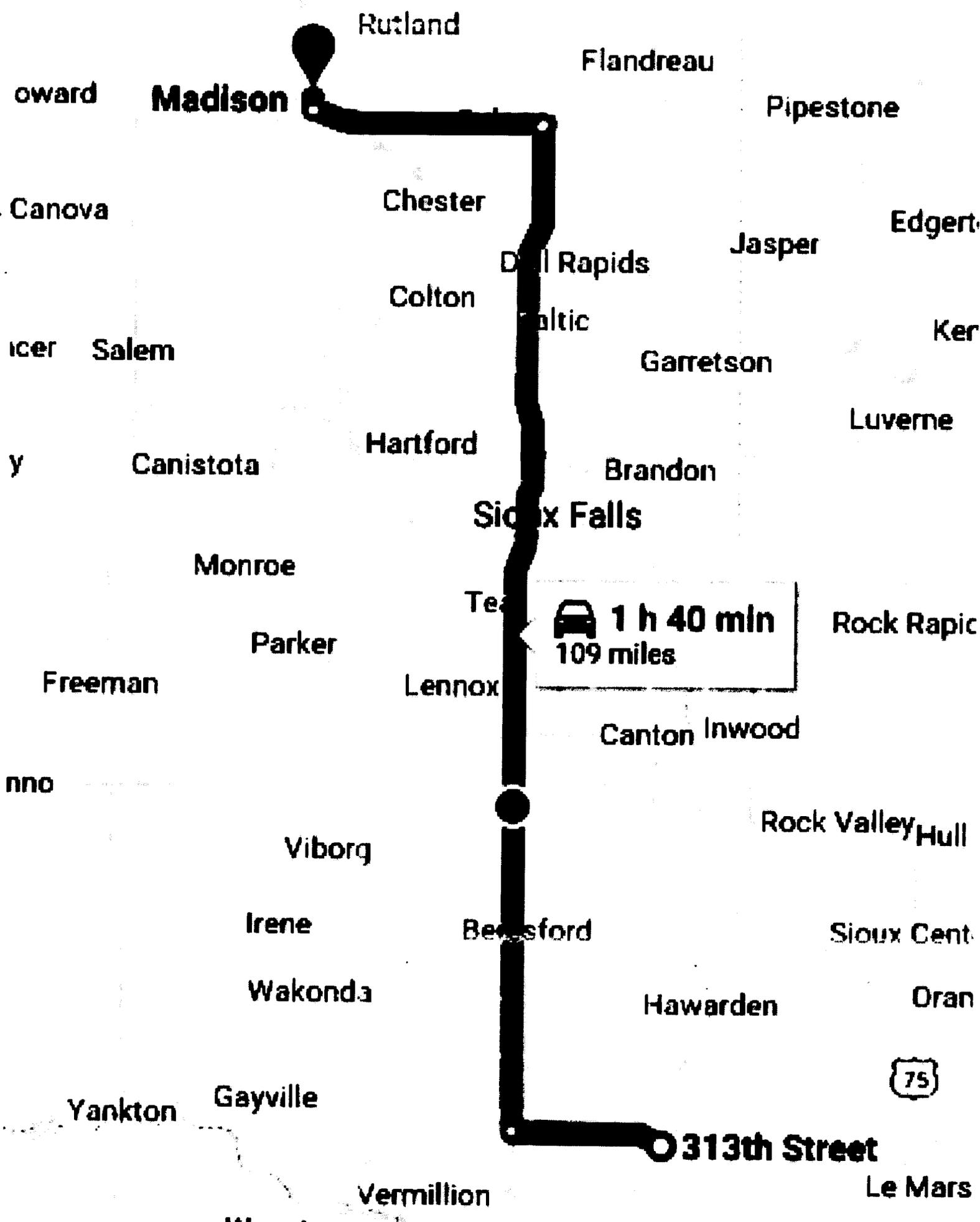
State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.





Fedora

Howard

Whitred

81

Madison

Colman

34

25

Canova

Chester

Trent

1 h 40 min
94.5 miles

Dell Rapids

Colton

Baltic

115

Alton

38

Alexandria

90

Hartford

Emery

Canistota

Brar

42

Sioux Falls

29

29

Milltown

Monroe

Tea

Harrisburg

81

Marion

19

Parker

44

115

1 h 48 min
99.3 miles

18

Cant

Olivet Menno

18

Turkey Ridge

25

Scotland

Viborg

19

Centerville

46

Lesterville

81

Irene

Beresford

46

all

Wakonda

29

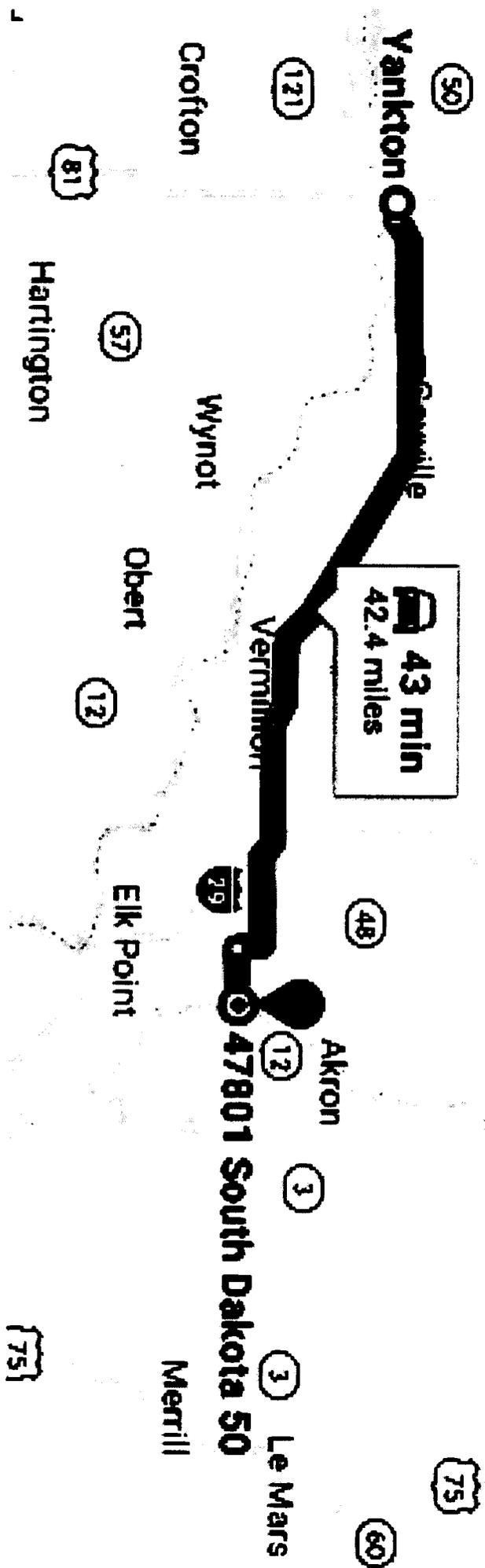
Alcester

52

50

Yankton

Gayville



 **43 min**
42.4 miles

47801 South Dakota 50

Akron

60

75

3

Le Mars

Merrill

29

Elk Point

12

3

48

Obert

12

Wynot

57

Hartington

81

Crofton

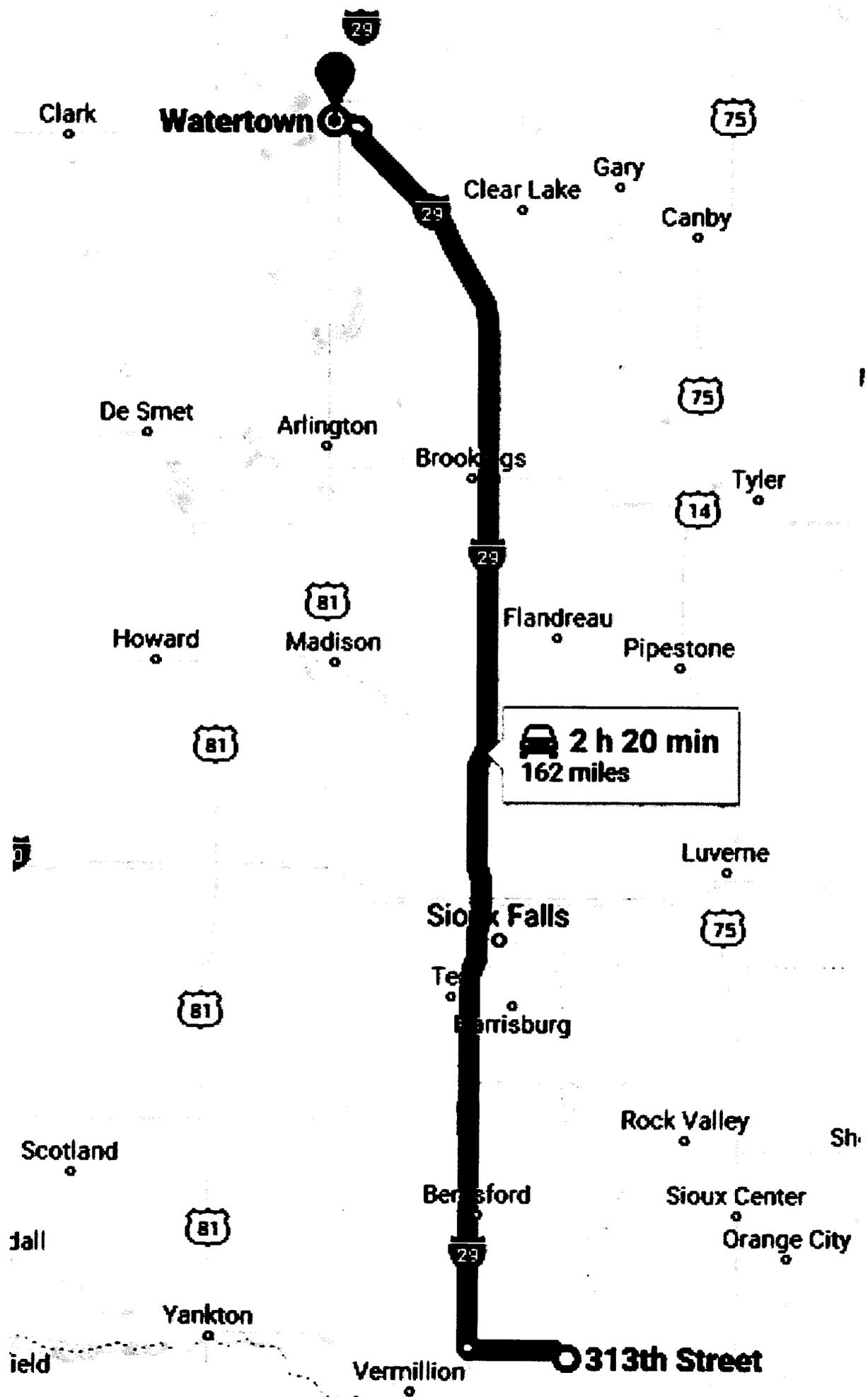
121

50

Yankton

Jewell

Vermillion



281

LAKE TRAVERSE
RESERVATION

Aberdeen

Creton

12

Webster

Waubay

12

Bellevue

Mellette

281

1 h 44 min
101 miles

1 h 41 min
95.4 miles

1 h 46 min
101 miles

Redfield

Frankfort

Doland

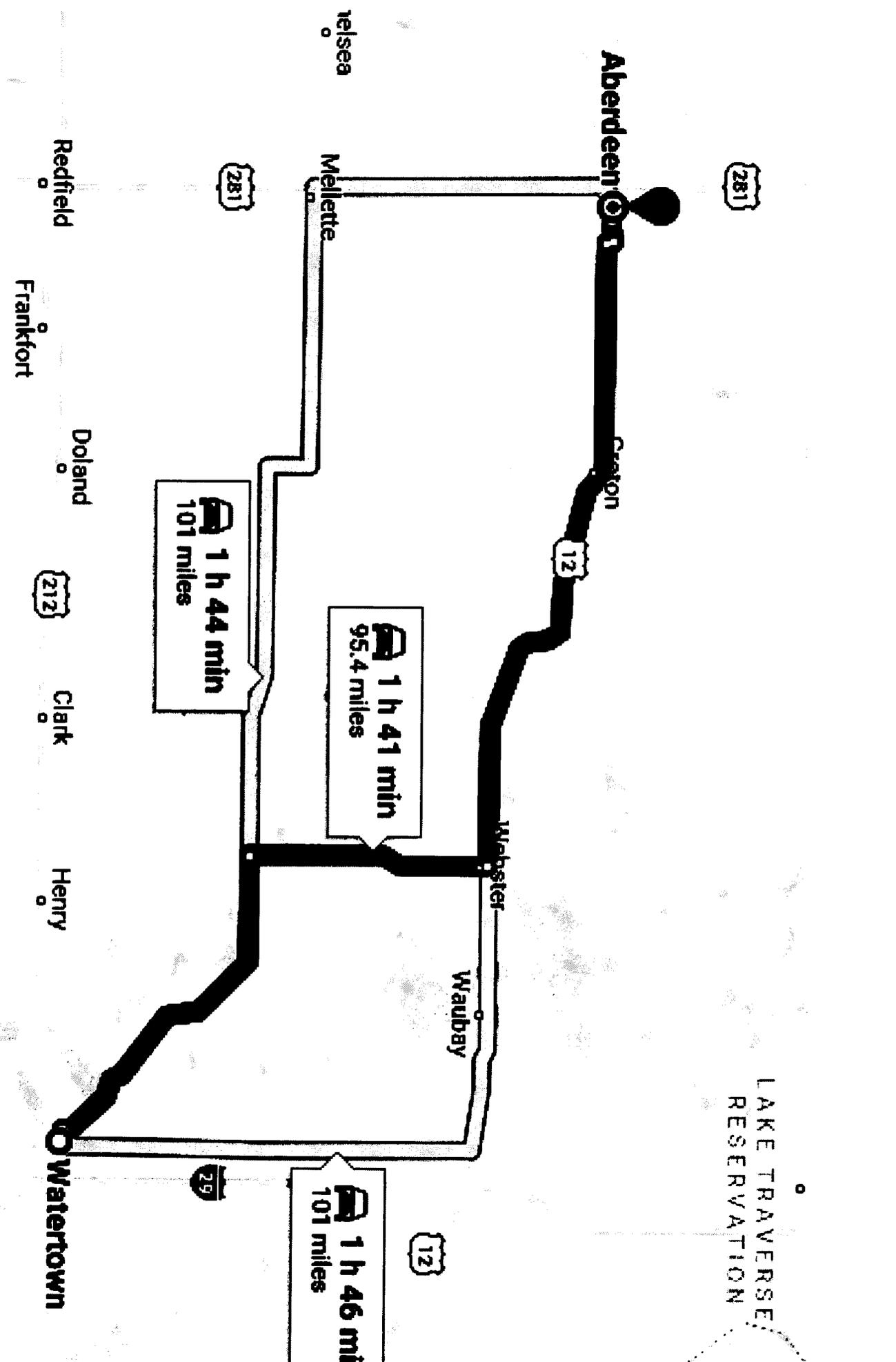
212

Clark

Henry

Watertown

29



Iobridge

SOUTH DAKOTA

DEERHORN RESERVATION
WESTLAND

INDIAN RESERVATION

ntino

Aberdeen

LAKE TRAVELER RESERVATION

Huron

Chamberlain

Mitchell

 3 h 46 min
262 miles

Waterloo

Brookings

Sioux Falls

Marshall

Willmar

YANKTON RESERVATION

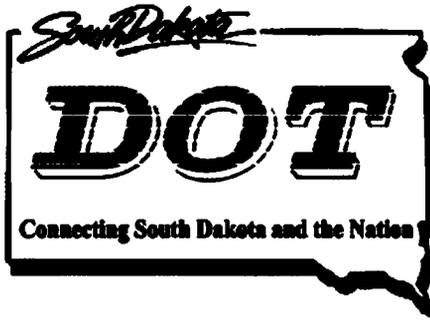
Yankton

Vermillion 313th Street

Sioux City

St

For



Department of Transportation

Office of the Secretary

700 E Broadway Avenue
Pierre, South Dakota 57501-2586
PHONE: 605/773-3265
FAX: 605/773-3921

July 30, 2018

Board of Finance
Secretary of State of South Dakota
500 East Capitol Ave Ste 204
Pierre, SD 57501

Please accept this letter as the Department's request for approval of excess lodging for Josh Bench-Bresher. Mr. Bench-Bresher attended a conference in San Diego, CA the week of July 12th. He called out to get room rates and verbally was informed the rate was \$1196.87 for the stay, which was July 12th – 17th. He calculated the amounts out and it was within the rates that I could approve. However, upon arrival he discovered that there were two different room rates as there were two conferences he was attending. The rate for the first three nights was \$315.84 + taxes, coming to a total of \$384.12 per night. This is over and above what I can approve.

Please consider this request to reimburse Mr. Bench-Bresher for excess lodging of \$120 plus taxes and fees. If you have any questions concerning this request do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Bergquist", is written over the typed name and title.

Darin P. Bergquist
Secretary Department of Transportation

SOUTH DAKOTA TRAVEL REQUEST				Bureau or Department Department of Transportation		Program/Office Administration	
BOA FLEET & TRAVEL MANAGEMENT SFN 01239-0002				Division Planning & Engineering		Check One: In-State Out-of-State <input checked="" type="checkbox"/> X	
MSA Center Code 111211		Method of Travel - Check: Fleet <input type="checkbox"/> POV-1 <input type="checkbox"/> POV2 <input type="checkbox"/> C-Air <input type="checkbox"/> <input checked="" type="checkbox"/> Ch-Air <input type="checkbox"/> S-Air <input type="checkbox"/>		Style (Vehicle type)		Est. Miles (Personal Vehicle)	
Driver's Name (Last, First, MI) Bench-Bresher, Joshua, D				Office Phone 773-4028		Home Phone 280-8341	
Purpose of Travel Attend 12th National Conference on Transportation Asset Management, peer exchange, and committee meetings on Performance-Based Management						Vehicle I.D./Licence Number	
Journey Number: JOURNEY INFORMATION							
Origin Pierre		Beginning Odometer Reading		Departure Date	Departure Time	Indicate AM / PM	
1.	San Diego, CA				7/12/2018	5:00	AM
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
RETURN TO ORIGIN (Put form in pouch and turn in with bag & keys)			Final Odometer Reading Pierre		Return Date 7/17/2018	Return Time 11:30	AM / PM PM
Comments/Vehicle Problems/Repairs Needs Transportation estimated: 350 miles to and back from Rapid City @ 0.29/mile (state vehicle), \$611 for airfare, \$60 for parking at the airport in Rapid. Misc. Fees is the conference registration							
Rider		Coding		Office Phone		Home Phone	
COST ESTIMATES FOR OUT-OF-STATE TRAVEL							
Transportation \$773		Meals \$238		Lodging <i>Exp 4/17/18</i> \$1197		Misc. Fees \$600	Total \$2808
General Funds		Federal Funds		Other Funds		Non-State Funds	
Traveler's Signature <i>Josh Bresher</i>		Date 4/11/2018		Driver License Number 00641572			
Approving Officer <i>[Signature]</i>		Date 4/12/18		Approving Officer <i>[Signature]</i>		Date 4/16/18	
Approving Officer		Date		Approved <input checked="" type="checkbox"/>		Denied <input type="checkbox"/>	
Approving Officer		Date		Comments:			

STATE OF SOUTH DAKOTA
TRAVEL PAYMENT DETAIL

NAME BENCH-BRESHER, JOSHUA D
ADDRESS 2013 ANTELOPE ST., PIERRE, SD 57501

ORGANIZATION LGA-Administration
BUDGET ENTITY 111211

Invoice ID	Date	Employee Number	Rtn Date	Adv	Exp	License No.	Home Station		
Z119RB010801	07/17/2018	128891			X	AU126	Pierre		
Dates Mo/Dav	Description of Travel, Destination, Misc. Expense DOT Coding	Time		Auto Miles	Trans. Cost	Overnight Meals	Non-Over Nite Meals	Lodging	Misc. Expense
		Leave	Return						
7/11/18	Present Culvert and Sign Training in Belle Fourche	09:30 AM	09:30 PM				26.00		
7/12/18	TSSR-CPBM Committee Meetings in San Diego	08:00 AM				35.00		384.11	
7/13/18	TSSR-CPBM Committee Meetings in San Diego					31.00		384.11	
7/14/18	Asset Management Conference in San Diego					45.00		384.11	
7/15/18	Asset Management Conference in San Diego					45.00		188.20	
7/16/18	Asset Management Conference in San Diego					31.00		188.20	
7/17/18	Asset Management Conference in San Diego		08:00 PM			45.00			
SUBTOTALS						232.00	26.00	1,528.73	

GRAND TOTAL	1,786.73
APPLY TO ADVANCE	0.00
AMOUNT REIMBURSABLE	1,786.73

PURPOSE OF TRAVEL:

Asset Management Conference in San Diego, CA
Registration for conferences and airplane tickets already paid for by DOT. Conference provided lunch on 7/13, lunch on 7/16, The Conference provided lunch on 7/12 but Josh's flight didn't arrive in San Diego until 12:34PM, after lunch. The agenda says they provided breakfast 7/13, 7/16, 7/17, but Josh said they weren't actual meals,

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Josh Bresher 7-25-2018
Claimant Date

[Signature] 7/27/18
Authorization Date

Authorization Date

Authorization Date

12th National Conference on Transportation Asset Management

Hotel Reservations

The meeting is being held at the Westin San Diego. *Plus taxes & fees*
Make your reservation for the TRB rate of \$167 (Federal per diem), plus tax. This rate is available until June 15, 2018. Rooms may be at a higher rate after this date and are subject to availability. **The hotel may not be able to provide rooms at the group rate once the block of rooms is sold out.**

~~Make your reservation for the TRB rate of \$167 (Federal per diem), plus tax. This rate is available until June 15, 2018. Rooms may be at a higher rate after this date and are subject to availability. The hotel may not be able to provide rooms at the group rate once the block of rooms is sold out.~~
Visit the [Convention & Visitors Bureau site](#) to search for nearby hotels.

The Westin San Diego

400 West Broadway

San Diego, CA 92101

619-239-4500

Reservations Toll Free: 1-888-627-9033

Group Code: TRB Asset Management

Online reservations

*Non-TRB rate rooms are \$339 + taxes & fees
July 12 - 17 = \$1195.57 including taxes & fees*



Hotel Parking

Valet parking for hotel guests is \$47 per night (with in/out privileges).

Daily parking is \$20 for the first two hours \$47 thereafter.

Please note: When navigating to the hotel the best address to use is 1051 Columbia Street, which will place you at the main lobby entrance.

More Information

Airport and Transportation

San Diego International Airport - SAN (approximately 3 miles/15 minutes)

The Westin San Diego provides shuttle service to/from the San Diego International Airport between 6am and 11pm, 7 days a week. Once you have collected your luggage, please contact the hotel at (619) 239-4500 and an operator will give you directions to the pick-up area and an estimated time of arrival as to when the driver will be there to pick you up. To take the shuttle to the airport, please make arrangements at the luggage desk 24 hours prior to your departure.

Getting around San Diego

Local Area Information

Local Information

7-12 thru 15

Bench-Bresher, Josh

From: The Westin San Diego <GCCUSTSERVICE@CONFIRM.STARWOODHOTELS.COM>
Sent: Tuesday, May 1, 2018 2:52 PM
To: Bench-Bresher, Josh
Subject: [EXT] Rest easy. Your reservation has been confirmed (202465085).

Follow Up Flag: Follow up
Flag Status: Flagged

View in a browser for up-to-date reservation information, or change language
English Français Español Deutsch 中文(简体) 日本語 Italiano Português Русский
اللغة العربية 中國(傳統) 한국어 Polski Türkçe Nederlands Bahasa (I) বাংলা



THE WESTIN SAN DIEGO
400 West Broadway
San Diego, California 92101 United States
Phone: (1)(619) 239-4500 Fax: (1)(619) 239-3274



- [Contact Us >](#)
- [Guest Rooms >](#)
- [Features and Activities >](#)
- [Dining Options >](#)
- [Local Area >](#)
- [Driving Directions >](#)
- [Area Map >](#)
- [Meeting Space >](#)

Greetings Joshua,

Your reservation is all set – we're excited to welcome you to The Westin San Diego.

At Westin, we're committed to your well-being. If there's anything you need as we prepare for your arrival, don't hesitate to ask.

Stay Well,

Alyssa Turowski
General Manager

Confirmation: 202465085

A Facility Fee of \$25.00 USD per room per night, plus local & state taxes, is charged with each guest

STAY CONNECTED

Your Starwood Preferred Guest Details

Member Name: JOSHUA BENCH-BRESHER
SPG Number: xxxxxxxx262
Starpoint Balance: 0

Rates for the night of:
12-Jul-18, 13-Jul-18, 14-Jul-18

Rate Details SPG Member Exclusive: Flexible rate
SPG Member Exclusive reflects up to a 5% discount, plus members receive free in-room internet when you book through our sites or the SPG app.

Room Rate 315.84 in US DOLLARS per night

Taxes
Room rate excludes the following:

Sdtmd Assessment:
2.00 % Per Room / Per Night
Occupancy Tax: $\underline{\quad} = 40.11$
10.70 % Per Room / Per Night

Hotel Charges
Room rate excludes the following:

Facilities Fee:
25.00 Usd Per Room / Per Night $\underline{\quad} = 28.17$
Ff Tax:
3.17 Usd Per Room / Per Night

Guarantee Rules
Your room is guaranteed with a(n) VISA card.

Cancellation Details
If you cancel before 06:00 PM hotel time on Tuesday, 10 July 2018 there will be no forfeiture amount.
If you cancel after 06:00 PM hotel time on Tuesday, 10 July 2018 the forfeiture amount will be USD 315.84.
There may be additional applicable charges and taxes.

Debit and Credit cards will be authorized at check-in for the amount of your stay, plus an amount to cover incidentals. Please visit "Announcements" on the hotel website for more information.

+ Taxes + Fees = 384.12

Your Privacy

If you believe this reservation was made in error, please contact us as soon as possible.

Please note: For security purposes, you will be asked to provide a valid government or state-issued photo ID at check-in.

This email may contain links to websites that collect personally identifiable information about you. Marriott International, Inc. is not responsible or liable for the actions of such independent websites, and encourages you to review the privacy statements and policies of such websites to understand how they collect, use and store such information.

7-15 thru 7-17

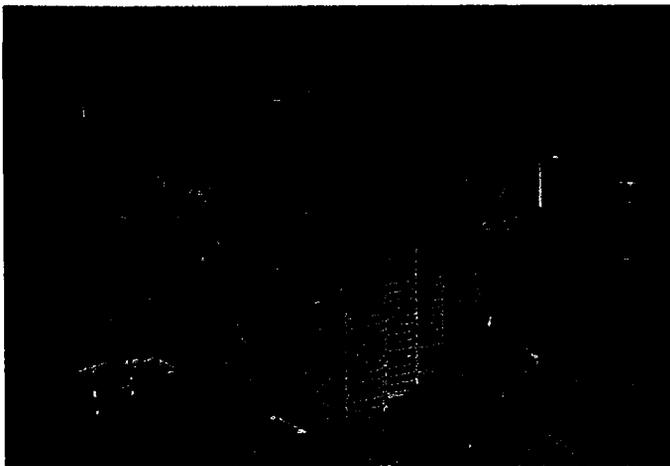
Bench-Bresler, Josh

From: The Westin San Diego <GCCUSTSERVICE@CONFIRM.STARWOODHOTELS.COM>
Sent: Tuesday, May 1, 2018 2:54 PM
To: Bench-Bresler, Josh
Subject: [EXT] Rest easy. Your reservation has been confirmed (442465086).

View in a browser for up-to-date reservation information, or change language
English Français Español Deutsch 中文(简体) 日本語 Italiano Português Русский
العربية 中國(傳統) 한국어 Polski Türkçe Nederlands Bahasa (I) বাংলা



THE WESTIN SAN DIEGO
400 West Broadway
San Diego, California 92101 United States
Phone: (1)(619) 239-4500 Fax: (1)(619) 239-3274



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Greetings Joshua,

Your reservation is all set – we're excited to welcome you to The Westin San Diego. At Westin, we'll do all that we can to help you be at your best. If there is anything you need as we prepare for your arrival, please just ask.

As a valued guest we invite you to upgrade to a Deluxe Bay View or an allergen Free PURE Room, starting at \$10 per night. [Learn More>>](#)

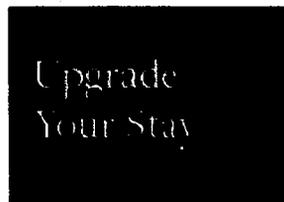
Stay Well,

Alyssa Turowski
General Manager

Confirmation: 442465086

A Facility Fee of \$25.00 USD per room per night, plus local & state taxes, is charged with each guest

Tips for a better you



Upgrade to a Deluxe Bay View or an allergen Free PURE Room, starting at \$10 more per night. [Click Here>>](#)

STAY CONNECTED



Your Starwood Preferred Guest Details

please refer to the disclosure section below for additional instructions.

Your Rate: Room 1 of 1

Rates for the night of:
15-Jul-18, 16-Jul-18

Rate Details ISAC-G9DTJR1B

Room Rate 167.00 in US DOLLARS per night

+ Fees = 188.21

Taxes

Room rate excludes the following:

Sdtmd Assessmen:

2.00 % Per Room / Per Night

Occupancy Tax:

10.70 % Per Room / Per Night

= 21.21

Guarantee Rules

Your room is guaranteed with a(n) VISA card.

Cancellation Details

Cancel by 6:00 PM Hotel time 2 day(s) prior to arrival to avoid a 1 Night penalty. There may be additional applicable charges and taxes.

Debit and Credit cards will be authorized at check-in for the amount of your stay, plus an amount to cover incidentals. Please visit "Announcements" on the hotel website for more information.

Your Privacy

If you believe this reservation was made in error, please contact us as soon as possible.

Please note: For security purposes, you will be asked to provide a valid government or state-issued photo ID at check-in.

This email may contain links to websites that collect personally identifiable information about you. Marriott International, Inc. is not responsible or liable for the actions of such independent websites, and encourages you to review the privacy statements and policies of such websites to understand how they collect, use and store such information.

Click here for our [Privacy Statement](#).

Disclosure



Department of Transportation
Division of Finance and Management
700 E Broadway Ave, Pierre, SD 57501-2586
Phone: 605 773-3284 Fax: 605 773-2804

RECEIVED
JUL 23 2018
S.D. SEC. OF STATE

To: Board of Finance
% Secretary of State's Office

From: Kellie Beck, Director – Finance and Management
South Dakota Department of Transportation

Subject: Uncollectible Accounts

Date: July 16, 2018

Attached please find seventy-three Debt Write Off Requests. The accounts are for property damages and all are over two years old. All seventy-three are being written off due to the fact they are being returned from ORC and the statute of limitations of six years has expired.

Your favorable consideration is requested.

Attachment



1200 University Street, Unit 9505
Spearfish, South Dakota 57799-9505

Business Office

Phone: (605) 642-6512
Fax: (605) 642-6055

**State Board of Finance
Office of Secretary of State
500 E. Capitol Ave.
Pierre, SD 57501
(605) 773-3537**

Dear State Board of Finance,

Black Hills State University is requesting the write off of 12 accounts totaling \$12,962.61. Please consider these debt write off requests and let me know if you have any questions or need any additional information.

Sincerely,

**Brandon Bentley
Controller/Director of Business Services
Black Hills State University
(605) 642-6562**

Cover sheet

Debt Writeoff Request
State of South Dakota Board of Finance

When complete, please submit the original to:

State Board of Finance
Office of Secretary of State
500 E Capitol Ave
Pierre SD 57501
Phone: 605-773-3537

PLEASE NOTE: The Request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT on the Thursday prior to the Board of Finance meeting. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Name: University Of South Dakota—Total Write Off requested August 2018

Requested Writeoff Amount: \$30,554.42 Date Debt Became Delinquent:

Original Amount of Debt: \$30,554.42 Current Amount Due: 30554.42

Collection Efforts History: There are a total of 233 accounts.

221 accounts are \$100 or less for \$10584.76. 7 accounts are due to Bankruptcy for \$16124.15. 3 accounts have been collected on by other agencies but because of the state laws they reside collection costs are not allowed to be collected on.

This total is \$1403.64. 1 account for \$2441.87. Account is from 2008SU and has been to multiple collection agencies.

Reason for not referring to a collection agency:

Reason for writeoff request:

Fiscal Officer Contact Information

Signature: [Handwritten Signature]
Name: Matt Beach Agency/Institution: University of South Dakota

Address: 414 East Clark St. Vermillion, SD 57069
605-677-6621

Telephone:

Email: Amanda.lynch@usd.edu

Approval by State Board of Finance

Approved by the State Board of Finance on
Date Signature of Secretary, State Board of Finance